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United Nations Population Fund

Country programme document for Cameroon

Proposed indicative UNFPA assistance:	$32.49 million: $8.1 million from regular resources and $24.39 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Three years (2018-2020)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.0	19.9	21.9
Outcome 2	Adolescents and youth	3.2	3.0	6.2
Outcome 4	Population dynamics	2.0	1.5	3.5
Programme coordination and assistance		0.9	0.0	0.9
Total		8.1	24.39	32.5

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I. Situation analysis

1. The population of Cameroon is estimated at 23.6 million, with 2.4 per cent annual growth. One third (33 per cent) of the population are youth and adolescents aged 10-24 years, while 41.6 per cent are children under 15 years; this population structure could produce favourable conditions for achieving demographic dividend. Due to recent drops in commodity prices and sustained armed conflict along the border with Nigeria, Cameroon registered 2.6 per cent economic growth in 2016. According to the Cameroon household survey 2014, 37.5 per cent of the population lived in poverty, representing a slight decrease from 39.9 per cent in 2007, but hiding a high level of poverty in the Far North and North regions (74 and 68 per cent respectively) where 29 per cent of the population is concentrated. In 2015, Cameroon reported success for two of the Millennium Development Goals: reducing hunger and containing HIV prevalence. The ambition of Cameroon is to become an emerging country by 2035, as outlined in its Vision 2035 and Growth and Employment Strategy 2010-2020.

2. Despite efforts to improve maternal health, progress has been slow. Between 2004 and 2011, maternal mortality increased from 669 to 782 deaths per 100,000 live births; total fertility rate decreased slightly from 5.1 to 4.9; use of modern family planning methods increased from 14 per cent to 16 per cent among married women. The proportion of births delivered by qualified health personnel has remained around 65 per cent, but this proportion drops to 28.9 per cent in the Far North region due to low health facility coverage and socio-cultural beliefs.

3. Concerning adolescent fertility, 25 per cent of adolescents aged 15-19 years have already started childbearing. This proportion reaches 53 per cent in the East region. Early childbearing and obstacles to accessing health services have resulted in an estimated 20,000 cases of obstetric fistula, with 2,000 new cases every year.

4. Despite reduction in HIV/AIDS prevalence, from 5.5 per cent in 2004 to 4.3 per cent in 2011, many young people are still at risk. The HIV prevalence rate among adolescent girls is 2.7 per cent, compared to 0.5 per cent for boys, but it reaches 6.3 per cent for adolescent girls in the East region and 8.5 per cent in the South region.

5. Gender-based violence is a major challenge. In 2014, 33 per cent of married women reported physical or sexual violence. The proportion of young girls married before the age of 18 is estimated at 31 per cent. The penal code, revised in July 2016, is an important step forward to stop gender-based violence and harmful practices.

6. Weak statistical systems have resulted in a lack of high-quality, up-to-date and disaggregated data to inform policy and programmes. Limited national capacity in the social sectors to produce and analyse data is a key obstacle for effective evidence-based decision-making.

7. As of early 2017, Cameroon hosts 345,469 refugees from Nigeria and Central Africa Republic. In addition, 198,889 Cameroonians are internally displaced in the Far North region. As described in the national three-year humanitarian response plan, Cameroon will continue to face economic and security challenges.

II. Past cooperation and lessons learned

8. The previous sixth country programme cycle (2013-2017) covered four regions with the poorest maternal health indicators: Adamawa, East, North and Far North. It focused on capacity building, advocacy, service delivery and knowledge management. Humanitarian activities were increased in order to respond to both refugee and host population emergency needs.

9. Concerning maternal health and family planning, the programme improved capacity for health service delivery by providing technical and financial support to: produce strategic documents for emergency obstetrical care, reproductive health commodity security, and family planning; establish a national midwife training programme in 10 newly created midwifery schools; and train 1,648 health providers in emergency obstetrical care and family planning. The programme also procured family-planning commodities, which averted an estimated 51,645 unintended pregnancies and

196 maternal deaths annually. In addition, the lives of 607 women were transformed after successful fistula surgery at the national fistula repair facility established by UNFPA.

10. In regions with humanitarian crises, the programme trained 133 health personnel to administer the minimum package of emergency reproductive health services and deployed 75 midwives to serve refugees and displaced populations. Overall, 17,164 women delivered in safe conditions free of charge and 89,316 women and youth were reached with life-saving health services and information. Standard operating procedures and gender-based violence information systems were put in place in all humanitarian settings; this led to improved coordination of services.

11. For adolescent reproductive health, the programme provided technical guidance to the Ministry of Health to develop the first strategic plan in this area; 15 adolescent reproductive health units were established and served 14,196 adolescents; 61,701 adolescents were reached through a national curriculum for comprehensive sexual education. Due to targeted advocacy, adolescent health is a priority in the Cameroon investment case for Every Woman Every Child, to be funded through the Global Financing Facility.

12. Concerning gender-based violence, the programme supported development of the national gender policy and national guide for medical and psychosocial care of sexual violence, as well as revision of the penal code of Cameroon to protect the reproductive rights of women and girls. 'Men's clubs' are engaged in 33 communities to combat gender-based violence and advocate for reproductive health and rights. Some 687 women survivors of violence and 60 girls fleeing forced marriages benefited from comprehensive care provided by faith-based partners.

13. Regarding data for development, the programme compiled data on adolescents and youth, providing evidence to integrate adolescent health into the Cameroon investment case. In addition, three facility-based studies were conducted and made data available to analyse trends in coverage of obstetrical care and availability of contraceptive commodities; technical and financial support was provided to the 4th population census in the areas of digital cartography, quality assurance and resources mobilization; and economic, health and demographic modelling was conducted to advocate for engagement in the demographic dividend.

14. Key lessons learned from the sixth programme are: (a) integrated 'one-stop' reproductive health services are key to increasing use by vulnerable populations; (b) increasing use of comprehensive reproductive health services by youth requires synergies between the health, education and community sectors as well as use of multiple communication modes to inform and mobilize youth; (c) community mobilization and distribution are essential to influence behaviour change and increase demand for family planning; (d) faith-based organizations facilitate introduction of culturally sensitive subjects such as gender-based violence and can accelerate positive behaviour change.

III. Proposed programme

15. Aligned with the Cameroon Economic Growth Strategy (2010-2020) and the Sustainable Development Goals pertaining to health, gender and availability of high-quality data, the proposed seventh programme, for 2018-2020, contributes to the United Nations Development Assistance Framework through pillars related to maternal and reproductive health, social inclusion and resilience.

16. Key priorities are to reduce maternal mortality through improved supply and access to high-quality reproductive health services and family planning for women of reproductive age, particularly in areas with poorest health indicators. Special focus will be on youth and adolescents, especially vulnerable girls at high risk of child marriage and adolescent pregnancy, to harness the demographic dividend. Emphasis is put on vulnerable population groups in humanitarian settings to address gender-based violence and increase the resilience of young people.

17. By 2020, the programme is committed to providing 21,500 girls aged 15-24 years with modern contraceptives and thereby contributing to the reduction of unintended adolescent pregnancies. To achieve this, the programme will ensure commodity availability, high-quality family planning services and comprehensive sexual education for youth and adolescents.

18. The programme concentrates on three outcomes with 5 outputs that are interlinked, and will cover at least 50 per cent of health districts in the same four regions thus consolidating past programme results. Strengthening collection and use of high-quality disaggregated health and population data will ensure that women, adolescents, and youth are at the centre of programmes that are evidence-based.

A. Outcome 1: Integrated sexual and reproductive health services

19. Output 1: Strengthened national capacity to deliver high-quality integrated services for maternal, neonatal and adolescent health, family planning, and management of gender-based violence, especially for most vulnerable persons, including in humanitarian settings. Key strategies are: (a) integrate reproductive health services to achieve 'one-stop' model to facilitate access for most vulnerable populations; (b) establish high-quality adolescent reproductive health units and outreach services; (c) establish safe spaces offering medical and psychosocial care for survivors of gender-based violence and forced child marriage; (d) strengthen capacities for obstetric fistula repair; (e) support improvement of midwife training and mentoring; and (f) support maternal death surveillance and reporting.

20. Output 2: Strengthened national capacity to improve access by women and adolescents to integrated sexual and reproductive health services, especially family planning, including in humanitarian settings. Key strategies are: (a) conduct advocacy and information campaigns through community, religious and youth leaders, and 'men's clubs'; (b) introduce new communication initiatives, such as mobile phone technologies, to facilitate access among youth to family planning information and services; (c) integrate family-planning promotion and community-based distribution in the standard package of community health agents; and (d) support functioning of national logistics management and information systems.

B. Outcome 2: Adolescents and youth

21. Output 1: Strengthened national capacity to deliver comprehensive sexual education, in school and out of school, as well as life skills targeting young girls. Strategies are: (a) advocacy for integration of comprehensive sexual education into primary and secondary school curricula; (b) strengthening institutional capacity of community organizations, as well as youth and women centres, to offer comprehensive sexual education and life skills in out-of-school settings; and (c) community mobilization and engagement of faith-based organizations to protect young girls from early marriage and harmful practices.

22. Output 2: Strengthened national capacity to foster youth leadership, resilience, and participation opportunities to contribute to and benefit from sustainable development and peace as positive agents of change. Strategies are: (a) advocacy for youth involvement in monitoring implementation of the national roadmap to harness the demographic dividend and achievement of the sustainable development goals; and (b) capacity building of youth associations for inter-community dialogue, conflict resolution and building community resilience.

C. Outcome 4: Population dynamics

23. Output 1: Strengthened national capacity for production, dissemination and use of high-quality disaggregated population data to inform development policies, monitor the Sustainable Development Goals and promote the demographic dividend. Strategies are: (a) technical and financial support for data collection, analysis and use of the population census, large-scale population and health surveys, and data in humanitarian settings; (b) support development and implementation of a national roadmap for the demographic dividend; (c) conduct analyses of key interventions to guide national strategies, particularly in the area of youth and adolescent programming; (d) support

generation, dissemination and reporting on selected Sustainable Development Goals, UNDAF and UNFPA strategic plan indicators; and (e) support implementation of gender-based violence information management systems in humanitarian settings.

24. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Programme management, monitoring and evaluation

25. Coordinated by the Ministry of Economy and Planning, the programme will be implemented based on a "delivering as one" approach, through joint work plans on reproductive health and youth with other United Nations agencies. Key partners are the ministries of health, youth, and women affairs. Other partners include public administrations, civil society, faith-based organizations and international non-governmental organizations. National execution will be the main modality for implementation.

26. Performance monitoring and evaluation mechanisms will include field visits, regular reviews and a final evaluation. There will be systematic quality assurance of programme data and reports. A three-year capacity building plan will be available in early 2018 to improve programme management and accountability. The country office will strengthen its technical and administrative human resources, and seek support from regional office advisors, other country offices for South-South collaboration, headquarters, and external consultants if and when necessary.

27. The country office configuration will include the main office in Yaoundé and the two sub-offices established during the previous programme in Maroua and Bertoua in the Far North and East regions. In collaboration with other United Nations humanitarian agencies, an annex to the Maroua sub-office may be set up in Kousseri in order to respond to high needs.

28. A partnership and resource mobilization strategy will target non-traditional donors, humanitarian donors and the private sector in Cameroon. For supporting implementation of the Cameroon strategic plan to combat maternal and child mortality, the country office will seek funding from the Islamic Development Bank and potentially World Bank through the Global Financing Facility. The strategy will also target the African Development Bank, the Gates Foundation and bilateral partners.

29. In the event of any new emergencies or humanitarian crises, UNFPA, in consultation with the Government, will reorient programme priorities.

RESULTS AND RESOURCES FRAMEWORK FOR CAMEROON (2018-2020)

National Priority: Improvement of maternal and child health
Sustainable Development Goal 3 (indicators 3.1, 3.2, 3.9, 3.10 and 3.16)
UNDAF Outcome 2.1: Women, newborns, infants and adolescents have access to, and increasingly use, high-quality reproductive health services
UNDAF Outcome 2.1 Indicators: Maternal mortality rate: *Baseline*: 782 deaths per 100,000 live births (2011); *Target:* 596 per 100,000 live births.
Neonatal mortality rate: *Baseline*: 28 deaths per 1,000 live births (2014); *Target:* 23 per 1,000 live births.
Infant mortality rate: *Baseline*: 60 deaths per 1,000 live births (2014); *Target:* 30 per 1,000 live births.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: **Integrated Sexual and reproductive health** Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access. Outcome indicators: • Proportion of births delivered by qualified medical staff *Baseline*: 37%; *Target*: 44% • Proportion of health facilities with 7 health life-saving commodities, including oxytocin and sulfate magnesium *Baseline*: 69%; *Target*: 90% Contraceptive prevalence rate among youth aged 15-24 years *Baseline:21%; Target: 30%*	Output 1: Strengthened national capacities to provide high-quality integrated services for maternal, neonatal and adolescent health, family planning, and management of gender-based violence, especially for most vulnerable persons, including in humanitarian settings	• Proportion of targeted health facilities with trained personnel and equipment to offer integrated reproductive health service package *Baseline*: 0%; *Target*: 30% • Proportion of targeted health districts with at least one health facility offering comprehensive adolescent reproductive health services according to national guidelines *Baseline*: 50%; *Target:* 80% • Number of safe spaces in targeted health districts offering medical and psycho-social care for survivors of gender-based violence and forced child marriage *Baseline: 0; Target: 25* • Number of women receiving an obstetrical fistula repair *Baseline: 607; Target:1,020*	Ministries of Health; Women Affairs; Youth; Social Affairs; civil society organizations, media, the private sector; UNICEF; UNHCR; UN-Women; WHO	$15.3 million ($1.0 million from regular resources and $14.3 million from other resources)
	Output 2: Strengthened national capacity to improve access by women and adolescents to integrated sexual and reproductive health services, especially family planning, including in humanitarian settings	• Proportion of targeted health districts with family planning information and services integrated in the community health package *Baseline: 1% ; target : 50%* • Proportion of targeted health districts with at least 75% of health facilities using logistics management information tools for reproductive health commodities *Baseline*: 0; *target* : 80% • Number of additional (new) family planning clients in the areas of intervention *Baseline: 0; Target : 64,845* • Number of youth and adolescents (aged 15-24 years) accessing reproductive health services *Baseline: 21,073; Target: 182,300*	Ministries of Health; Youth; civil society organizations; UNICEF; UNHCR; UN-Women; WHO	$6.6 million ($1.0 million from regular resources and $5.6 million from other resources)

National Priority: Social protection
Sustainable Development Goals 5, 10 and 16 (indicators 5.1, 10.3 and 16.1)
UNDAF Outcome 1.2: Women, youth, children and other vulnerable persons have increased and equitable access to efficient and sustainable social protection in order to reduce inequalities and violence
Indicator: Proportion of young girls aged 20-24 years married before the age of 18: *Baseline*: 31%; *Target*: 29%

UNDAF Outcome 4.1: Populations in target zones (particularly most vulnerable) are more resilient to environmental, social and economic disasters **Indicator:** Reduction in number of major social conflicts in intervention zones related to agro-pastoral or land-rights, inter-ethnic tension: *Baseline*: 0% *Target*: 50% reduction				
Outcome 2: **Adolescents and Youth** Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health. Outcome indicators: • Proportion of young girls aged 20-24 years married before the age of 18 *Baseline*: 31%; *Target*: 29% • Proportion of youth aged 15-24 years who correctly identify the means to prevention HIV transmission *Baseline*: 41%; *Target*: 80%	Output 1: Strengthened national capacity to deliver comprehensive sexual education, in school and out of school, as well as life skills targeting young girls	• Number of institutions and organizations with personnel trained to offer comprehensive sexual education in school or out of school settings with UNFPA support *Baseline: 20; Target: 70* • Number of adolescents/youth accessing comprehensive sexual education or life skills training in school or out of school settings *Baseline: 68,424; Target: 364,600*	Ministries of Health; Women Affairs; Youth; Social Affairs; Justice; General Delegation for National Security; civil society; UNICEF; UNHCR; UN-Women; WHO	$3.2 million ($1.7 million from regular resources and $1.5 million from other resources)
	Output 2: Strengthened national capacity to foster youth leadership resilience, and participation opportunities, to contribute to and benefit from sustainable development and peace as positive agents of change	• Number of youth organizations whose capacity is strengthened to participate to policy dialogue and national planning process, taking into account challenges of demographic dividend *Baseline: 10; Target: 60* • Number of youth trained in conflict resolution, intercommunity dialogue and local development *Baseline: 0; Target: 800*	Ministries of Justice; Women Affairs; Youth; Social Affairs; Education; General Delegation for National Security; National Institute for Statistics; civil society; WHO, UNICEF; UNHCR; UN-Women	$3.0 million ($1.5 million from regular resources and $1.5million from other resources)
National Priority: State strategic management/planning and setting national development priorities **UNDAF Outcome 2.1:** Women, newborns, infants and adolescents have access to, and increasingly use, high-quality reproductive health services **Output 2.1.3**: Improved management of programme and resource mobilization in maternal, infant, neonatal and adolescent reproductive health **Indicator:** Rate increase of public finances in health system: *Baseline: 5.5%; Target: 10%*				
Outcome 4: **Population dynamics** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicator(s): • Proportion of ICPD-related Sustainable Development Goals indicators monitored at the national level, with full disaggregation when relevant, in accordance with the Fundamental Principles of Official Statistics *Baseline: 3%; Target: 25%*	Output 1: Strengthened national capacity for production, dissemination and use of high-quality disaggregated population data to inform development policies, monitor the Sustainable Development Goals and promote the demographic dividend	• Number of surveys, studies, mapping exercises on reproductive, youth and demographic dividend issues that inform national policy and programme documents and Sustainable Development Goal monitoring *Baseline: 0; Target: 6* • Number of analytical reports disseminated based on 4th population and housing census and 5th demographic and health survey *Baseline: 0; Target: 8* • Number of in-depth reviews and operational analyses on SRH, gender-based violence, family planning, youth aimed at policies update/formulation *Baseline: 0; Target: 8*	Ministries of Planning and Economy; Health; Youth; Bureau of Census; National Institute for Statistics; Regional Institute for Training and Research on Demography; World Bank; UNDP; UNICEF; UNHCR; UN-Women; WHO	$3.5 million ($2.0 million from regular resources and $1.5 million from other resources) Total for programme coordination and assistance: $0.9 million from regular resources